



## VOLUNTEER APPLICATION FORM

### Please Check One:

- ☐ Community Service      ☐ Tourist Bureau      ☐ Parks & Recreation      ☐ Library  
☐ Town Hall      ☐ Police Department      ☐ Other: \_\_\_\_\_

Name: \_\_\_\_\_ Date of birth/Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work/Other): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that I am in good health and am physically able to perform as a volunteer for the department/position indicated.

I am aware that by signing below I am indicating that I am ready, willing, able, and allowed (if permission is required by a parent/legal guardian) to travel, as a passenger, to and from all trips/special events/activities in a Town vehicle as part of the volunteer duties and/or responsibilities.

I understand that I may be subject to a complete background investigation that may include fingerprinting and agree to such.

I agree to conduct myself in a mature, responsible, and professional (if applicable) manner and to remember that I am a representative of Town of Surfside.

If my volunteer performance or behavior is deemed unacceptable by the supervisor, I understand that my volunteer appointment may be terminated.

I understand that my appointment would be as a Town volunteer and as such I would not be entitled to Town benefits.

I do further hereby release, absolve, indemnify and hold harmless the Town of Surfside, its employees, and sponsors. In addition, I hereby waive all claims against the Town of Surfside, its employees, and sponsors in case of injury to person or property or for any claim whatsoever.

**I understand that completion of this application does NOT automatically assure an appointment as a volunteer.**

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(If applicant is a minor, form must be notarized)**

Subscribed and sworn to me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_

Who is personally known to me or produced the following identification \_\_\_\_\_

Notary Public Seal of Office: \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_ Notary Public, Print Name: \_\_\_\_\_

Commission Number \_\_\_\_\_



## **VOLUNTEER APPLICATION QUESTIONNAIRE**

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**What would make you a good candidate for being a volunteer in the position that you indicated an interest in? (Special skills, talents, experience, training, etc.)**

**What type(s) of volunteer position(s) have you held in the past and for what organizations?**

**Do you have references that we may contact? (Name & phone)**

**What times/days of the week are you available to volunteer?**

**Do you have any special needs and/or require special accommodations in order to perform as a volunteer in the position that you indicated an interest in? (If yes, please indicate what)**

**Are you bonded to handle money?**